

Miss Sally Meads

Miss S. P. Meads & Associates Dental Practice

Inspection report

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Overall summary

We undertook a follow up focused inspection of Miss S. P. Meads & Associates Dental Practice on 30 August 2023. This inspection was carried out to review the actions taken by the registered provider to improve the quality of care and to confirm that the practice was now meeting legal requirements.

The inspection was led by a CQC inspector who had remote access to a specialist dental advisor.

We had previously undertaken a comprehensive inspection of Miss S. P. Meads & Associates Dental Practice on 14 February 2023 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found the registered provider was not providing safe and well-led care and was in breach of regulations 12. Safe care and treatment and 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can read our report of that inspection by selecting the 'all reports' link for Miss S. P. Meads & Associates Dental Practice on our website www.cqc.org.uk.

When 1 or more of the 5 questions are not met we require the service to make improvements and send us an action plan. We then inspect again after a reasonable interval, focusing on the area(s) where improvement was required.

As part of this inspection we asked:

- Is it safe?
- Is it well-led?

Our findings were:

Are services safe?

Summary of findings

We found this practice was providing safe care in accordance with the relevant regulations.

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 14 February 2023.

Are services well-led?

We found this practice was providing well-led care in accordance with the relevant regulations.

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 14 February 2023.

Background

Miss S. P. Meads & Associates Dental Practice is in Chatham, Kent and provides NHS and private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with specific needs.

The dental team includes 3 dentists, 3 registered dental nurses, 2 trainee dental nurses, a dental hygienist, and a practice manager. Reception duties are shared by the dental nursing staff. The practice has 3 treatment rooms.

During the inspection we spoke with a dentist, and the practice manager, who is also the head nurse. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

- Monday to Thursday 9am to 5pm
- Friday 9am to 4pm
- The practice is closed for lunch Monday to Thursday between 1pm to 2pm and 1.30pm to 2pm on Friday.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?

No action



Are services well-led?

No action



Are services safe?

Our findings

We found that this practice was providing safe care and was complying with the relevant regulations.

At the inspection on 30 August 2023 we found the practice had made the following improvements to comply with the regulation(s):

- The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had infection control procedures which reflected published guidance.
- The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment.
- A fire safety risk assessment was carried out in line with the legal requirements. The management of fire safety was effective.
- The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working.
- Emergency equipment and medicines were available and checked in accordance with national guidance.
- Patient care records were complete, legible, kept securely and complied with General Data Protection Regulation requirements.
- The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out.
- The practice had systems to review and investigate incidents and accidents.

Are services well-led?

Our findings

We found that this practice was providing well-led care and was complying with the relevant regulations.

At the inspection on 30 August 2023 we found the practice had made the following improvements to comply with the regulation.

- Any new staff joining the practice would be subject to an induction
- All staff had completed training for the mental capacity act and sepsis
- The practice had a system to track and ensure that all staff training was completed at the required intervals and when it was due to expire to ensure no training was missed
- The practice had a governance system which included policies, protocols and procedures that were accessible to all members of staff. We discussed the process for regular review of the policies, procedures and protocols with staff so this didn't lapse again.
- The practice had systems and processes for learning, quality assurance, continuous improvement. These included audits of patient care records, disability access, radiographs, and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.